

## PART B - ISSUE FEE TRANSMITTAL

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Assistant Commissioner for

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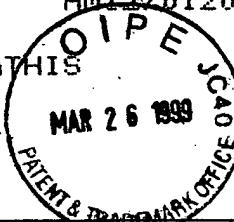
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**FILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all maintenance fee notifications.

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RONALD L GRUDZIECKI  
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P O BOX 1404  
ALEXANDRIA VA 22313-1404

HM12/0120



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| APPLICATION NO.       | FILING DATE | TOTAL CLAIMS              | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
|-----------------------|-------------|---------------------------|-----------------------------|---------------|
| 09/006,630            | 01/13/98    | 001                       | AZPURU, C                   | 1615 01/20/99 |
| First Named Applicant | ZHONG,      | 35 USC 154(b) term ext. = | 0 Days.                     |               |

**TITLE OF INVENTION** BIOACTIVE SOL-GEL COMPOSITIONS AND METHODS

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|----------|----------|
| 1 028870-087      | 424-426.000    | 013       | UTILITY     | YES          | \$605.00 | 04/20/99 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BURNS, DOANE, SWECKER &  
1 MATHIS, L.L.P.  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

USBiomaterials Corp.

## (B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Alachua, Florida U.S.A.

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual  corporation or other private group entity  government

## 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee  
 Advance Order - # of Copies 11

## 4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Allen R. Baum, Reg. No. 36,086

(Date)

3/25/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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01 FC:242 RECEIVED 605.00 OP  
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